

**ALASKA COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT
BATTERERS PROGRAM PARTICIPANT INFORMATION REPORT**

Participant Name _____

Program Name _____

Participant ID _____

APSIN ID _____

DOB _____

Court Case IDs (optional) _____

Gender:

- ☐ Male ☐ Female ☐ Unknown

Races:

- ☐ Alaska Native
☐ American Indian
☐ Asian
☐ Black / African American
☐ Hispanic
☐ Other: _____
☐ Pacific Islander
☐ Caucasian

Childhood Traumas:

- ☐ Physically Abused As a Child
☐ No Past Abuse
☐ Other Abuse Relationship
☐ Parents in Abuse Relationship
☐ Victim of Incest / Child Sexual Abuse
☐ Unknown

Past Intervention

- ☐ Prison Batterers' Program
☐ Community Based Batterers Program
☐ Substance Abuse Treatment
☐ Jail Time
☐ Mental Health / Psychiatric Services
☐ Unknown
☐ Anger Management
☐ No Intervention
☐ Other: _____

Prepared By _____

Reviewed By _____

Date of Review _____

Violence Committed Before First Incident

- ☐ Threats of Violence
☐ Physical Force Used
☐ Sexual Assault (Any Degree) Adult Victim
☐ Sexual Abuse (Any Degree) Minor Victim
☐ Use of Weapons
☐ Destruction of Pets/Property
☐ Other: _____
☐ Unknown

Previous Violent Convictions (Before First Intake)

- ☐ Yes ☐ No ☐ Unknown

Alcohol Abuse (select only one):

- ☐ Client has a problem with alcohol
☐ Client does not have a problem with alcohol
☐ Unknown

Drug Abuse (select only one):

- ☐ Client has a problem with drugs
☐ Client does not have a problem with drugs
☐ Unknown

Comments: _____
